

*Fairfax-Falls Church Community Policy and Management Team*

# Fairfax-Falls Church CSA System of Care

FY 2012 Annual Report

2012

## Fairfax-Falls Church CPMT Mission and Principles

**Mission:** To provide leadership in the development of new concepts and approaches in the provision of services to children, youth and families of Fairfax County and the Cities of Fairfax and Falls Church. The primary focus of the CPMT is to lead the way to effective and efficient services for the children already or at risk of experiencing emotional/behavioral problems, especially those at risk of or in need of out of home placements, and their families.

**Philosophy:** *The most important community responsibility is the well-being of children.* Children belong with families who nurture and protect them, children deserve healthy relationships, and families deserve to live in safe environments.

CPMT Principles	Systems of Care Principles
<i>Services are supportive to children and their families, providing them with the opportunity to succeed in the community to the fullest extent possible;</i>	<i>Our system will support families to fulfill their primary responsibility for the safety, the physical and emotional health, the financial and educational wellbeing of their children.</i>
<i>Needs of children and families will be met in the least restrictive way, with families fully participating in the decision making process;</i> <i>The family unit will remain intact whenever possible, and issues are to be addressed in the context of the family unit;</i> <i>Services will be community-based whenever possible, and children will be placed outside of the community only when absolutely necessary.</i>	<i>Children are best served with their own families. Keeping children and families together and preventing entry into any type of out of home placement is the best possible use of resources.</i>
<i>All agencies providing services will work together, cooperatively, with each other and with the family, to gain maximum benefit from the available resources.</i>	<i>Our system embraces the concepts of shared resources, decision making and responsibility for outcomes. All stakeholders will work together collaboratively with each other and the family to gain maximum benefits from available resources.</i>
<i>Services are flexible and comprehensive to meet the individual needs of children and families;</i>	<i>Children and families will receive individualized services in accordance with expressed needs.</i>
<i>Services are easily accessible to residents of the community, regardless of where they live, their native language or culture, their level of income, or their level of functioning;</i>	<i>Our families will receive culturally and linguistically responsive services.</i>
<i>Services are integrated into the community, in the neighborhoods where the people who need them live;</i>	<i>Children with emotional, intellectual or behavioral challenges will receive integrated services and care coordination in a seamless manner.</i>
<i>Services are family focused to promote the well-being of the child and community;</i>	<i>Our system will be youth guided and family driven with the family identifying their own strengths and needs and determining the types and mix of services and desired outcomes within the resources available.</i>
<i>Services are responsive to people and adaptable to their changing needs;</i>	<i>County, community and private agencies will embrace, value, and celebrate the diverse cultures of their children, youth and families and will work to eliminate disparities in outcomes.</i>
<i>Services are provided through collaborative and cooperative partnerships between people living in their community and public and private organizations.</i>	<i>We will be accountable at the individual child and family, system, and community levels for desired outcomes, safety and cost effectiveness.</i>

## **CSA: Purpose and Intent**

*The Comprehensive Services Act for At-Risk Youth and Families (CSA) is a Virginia law (§2.2-5200) enacted in 1993 to address the rising cost of residential treatment for high-risk youth. It was the stated intention of CSA to create a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youths and their families in the Commonwealth. The purpose includes the following key objectives:*

- *Ensure that services and funding are consistent with the Commonwealth's policies of preserving families and providing the appropriate services in the least restrictive environment, while protecting the welfare of children and maintaining the safety of the public;*
- *Identify and intervene early with young children and their families who are at risk of developing emotional or behavioral problems, or both, due to environmental, physical or psychological stress;*
- *Design and provide services that are responsive to the unique and diverse strengths and needs of troubled youths and families;*
- *Increase interagency collaboration and family involvement in service delivery and management;*
- *Encourage a public and private partnership in the delivery of services to troubled and at-risk youths and their families; and*
- *Provide communities flexibility in the use of funds and to authorize communities to make decisions and be accountable for providing services in concert with these purposes.*

## **CSA System of Care: FY 2012 Overview**

In FY 2012, services were provided to 1,251 youth and families in our system of care, an increase of 60 youth from the previous year. Total annual expenditures were \$42.1 million, an increase of \$2.4 million from last fiscal year. The increase reflects two expenditure trends:

1. Greater utilization of community-based services as use of long-term residential decreases; and
2. Cost increases for private special education services.

Outcome goals were established for the CSA system of care focused on measures of:

- Restrictiveness of living
- Youth and family functioning
- Permanency preservation for families
- Fiscal accountability

### **Scope of Annual Report**

System change has occurred at many levels of service delivery within our child-serving agencies and schools. This report cannot adequately reflect the valuable work of agency staff and the significant progress achieved within individual agencies and at other levels of the system as a whole. This report, therefore, is limited in scope to describing the impact of the system of care initiative on the CSA program and the current status of the SOC initiative as it relates to CSA functions. The source of data for this report is from the CSA information system and the state CSA website.

# FY 2012 Outcome Goals

## **Restrictiveness of Living Outcome Goals:**

- Increase in percentage of children participating in CSA who live in non-residential settings.
- Children participating in CSA living in congregate care are returned as quickly as possible to a family setting.

## **Functional Outcome Goals:**

- Children participating in CSA-funded services will experience a decline in behaviors that place themselves or others at risk
- Children participating in CSA-funded services will experience a decline in behavioral or emotional symptoms that cause severe/dangerous problems
- Children participating in CSA-funded services will experience an increase in identified strengths that are useful in addressing their needs and developing resiliency.
- Needs and issues of parents/caregivers of children participating in CSA-funded services that negatively impact their care giving capacity will be reduced.

## **Permanency Outcome Goals:**

- Prevent unnecessary entry into foster care

## **Fiscal Accountability Goal:**

- Fairfax-Falls Church per capita CSA expenditures are equivalent, or less, than those of surrounding jurisdictions.
- Fairfax-Falls Church per capita expenditures for residential/group home services are equivalent, or less, than those of surrounding jurisdictions.
- Fairfax-Falls Church annual per-child cost of residential/group home services is equivalent, or less, than for surrounding jurisdiction.

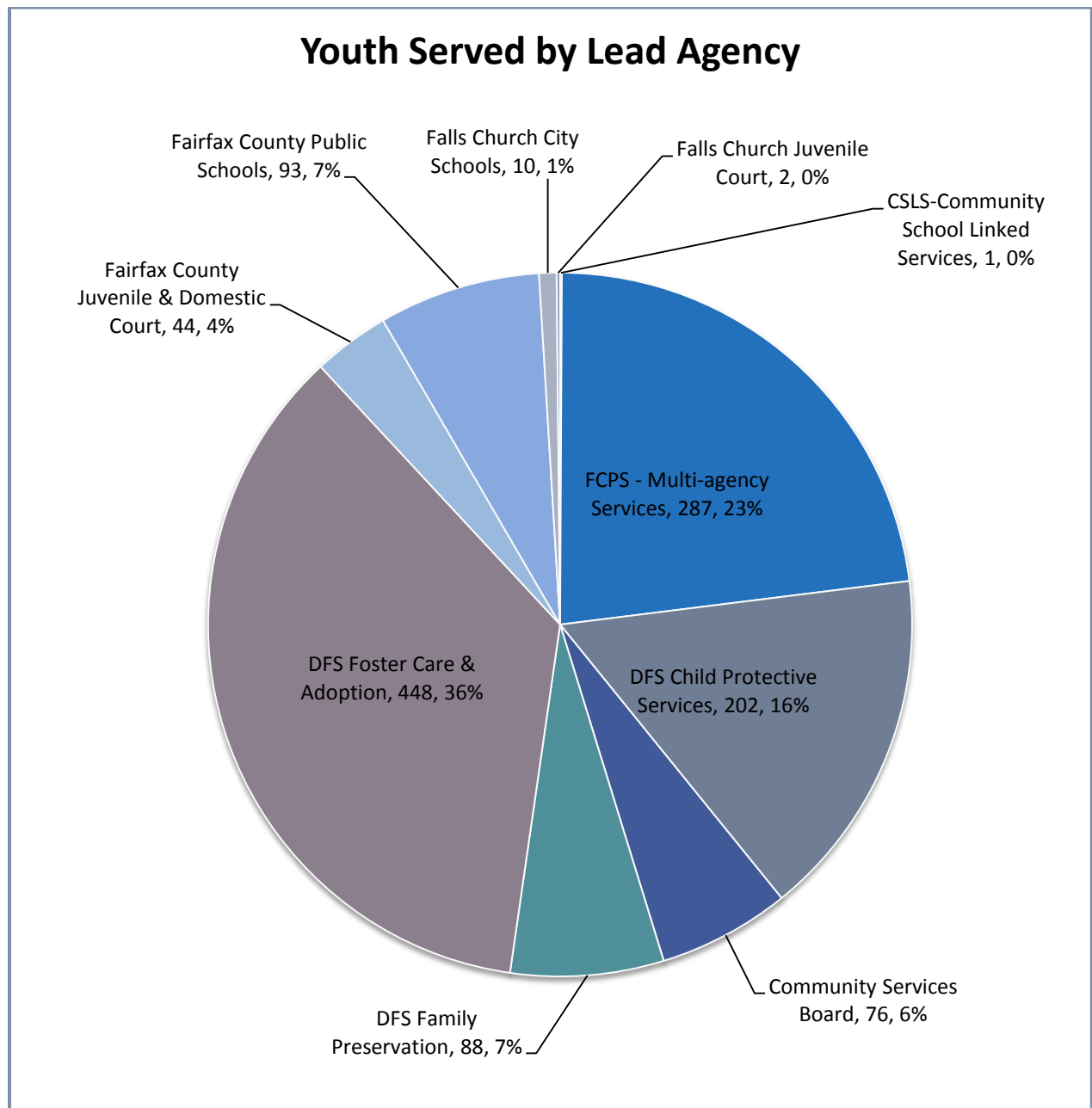
## Youth Served in Fairfax-Falls Church CSA

The following table summarizes demographic characteristics of youth served in CSA in recent fiscal years. A total of 1,251 youth received CSA-funded services in 2012, which is an increase of 60 youth from the previous year. The majority of youth are over the age of 12 and are predominantly male. The percentage of young adults over the age of 18 receiving services increased this year to 24%. Over the last few years, the number of Asian youth served has increased to 4%, and the number of youth identified as Hispanic has decreased to 7%. The Department of Family Services and the schools refer the majority of youth to CSA.

<b>Characteristics of Youth Served in CSA Across Fiscal Years</b>							
		<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>Age</b>							
	0 to 3	10%	10%	9%	10%	9%	8%
	4 to 6	7%	6%	6%	6%	7%	6%
	7 to 12	21%	22%	21%	21%	21.5%	23%
	13 to 17	44%	41%	43%	41%	41%	39%
	18 to 21+	17%	20%	21%	22%	21.5%	24%
<b>Gender</b>							
	Male	58%	60%	58%	59%	59%	60%
	Female	41%	40%	42%	41%	41%	40%
<b>Race</b>							
	White	51%	52%	51%	52%	55%	55%
	Black/African American	33%	32%	31%	28%	26%	26%
	Asian	0%	0%	3%	3%	4%	4%
	Other	14%	17%	14%	16%	15%	14%
	Hispanic	13%	11%	11%	10%	8%	7%
<b>Referral Source</b>							
	Family Services	26%	38%	42%	48%	51%	54%
	Education	8%	12%	20%	23%	26%	26%
	Juvenile Justice	2%	5%	6%	6%	5%	4%
	CSB	1%	3%	4%	6%	6%	8%
	Interagency	60%	39%	26%	17%	12%	8%
	Family	0%	0%	0%	0%	0%	0%
	Other	2%	1%	1%	1%	0%	0%
	Health Department	0%	0%	0%	0	0%	0%
<b>Total Youth Served</b>		<b>1110</b>	<b>1076</b>	<b>1121</b>	<b>1090</b>	<b>1191</b>	<b>1251</b>

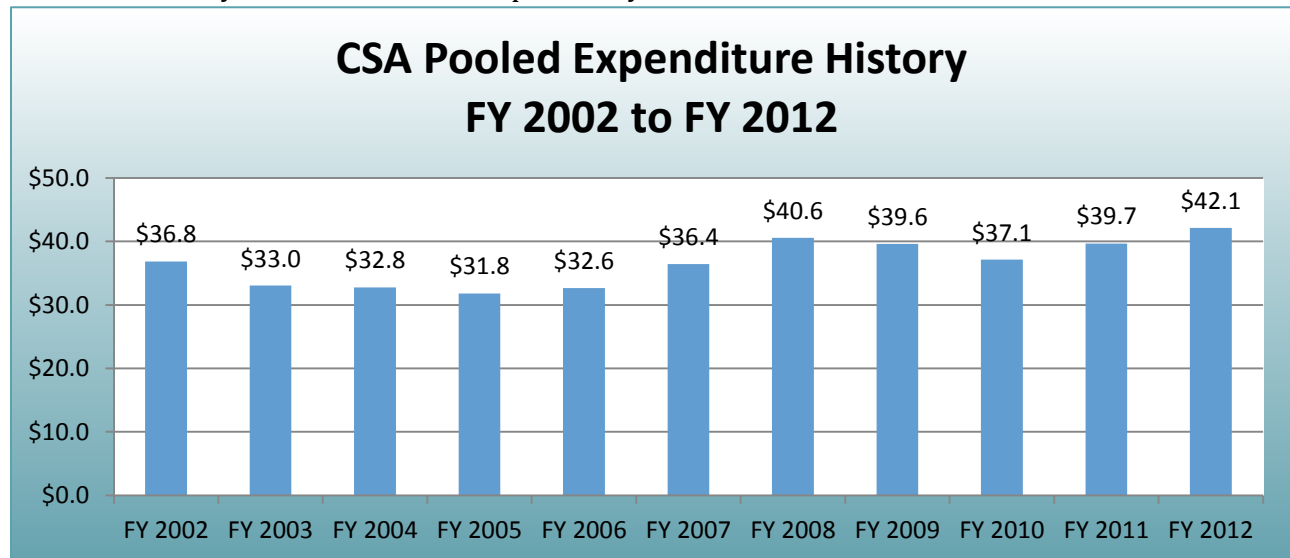
## CSA serves youth from across the public child-serving agencies and schools

Referrals to the CSA program are made by staff from the public child-serving agencies and the schools who then serve as the lead case manager for the youth and family. Last year, 342 staff from across these organizations served as a CSA lead case manager. The percentage of youth by agency is similar to last year, with 59% of youth served by programs of the Department of Family Services, Children, Youth and Families division and 24% of youth served by schools for special education services.



## CSA expenditures have continued to rise

The annual expenditures for CSA are shown below for the past ten fiscal years. FY 12 expenditures have increased by \$2.4 million from the previous year.



When the expenditures are shown by service type, they reflect two trends: 1) a shift of fiscal resources from residential services towards community-based services and 2) cost increases for private special education services. Since 2009, community-based service expenditures have increased by \$2.1 million while expenditures for residential placements have decreased by \$3.7 million. In those same four years, costs for private day school and residential special education placements have increased by \$2.7 and \$.7 million respectively.

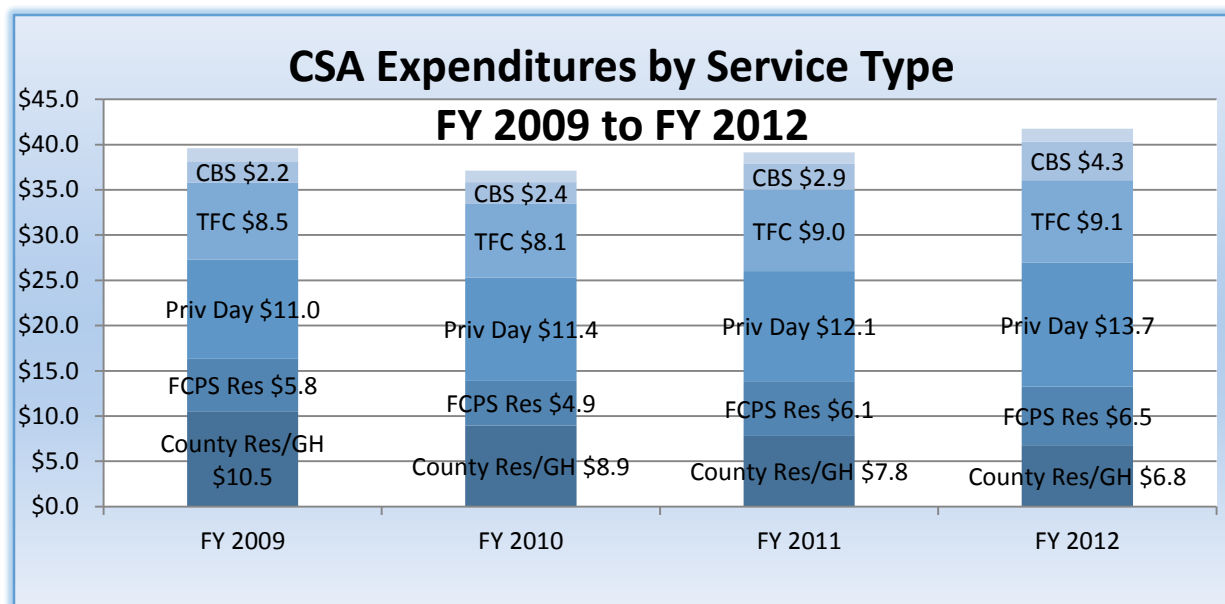
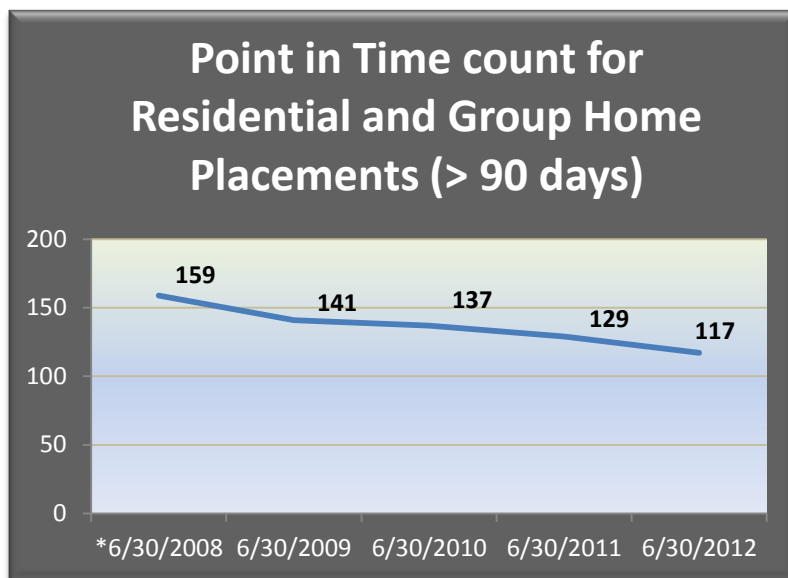


Figure 1: CBS - Community-based Services; TFC - Treatment Foster Care; Priv Day - Private Day School (IEP); FCPS Res - Residential School (IEP); County Res/GH - Residential or Group Home

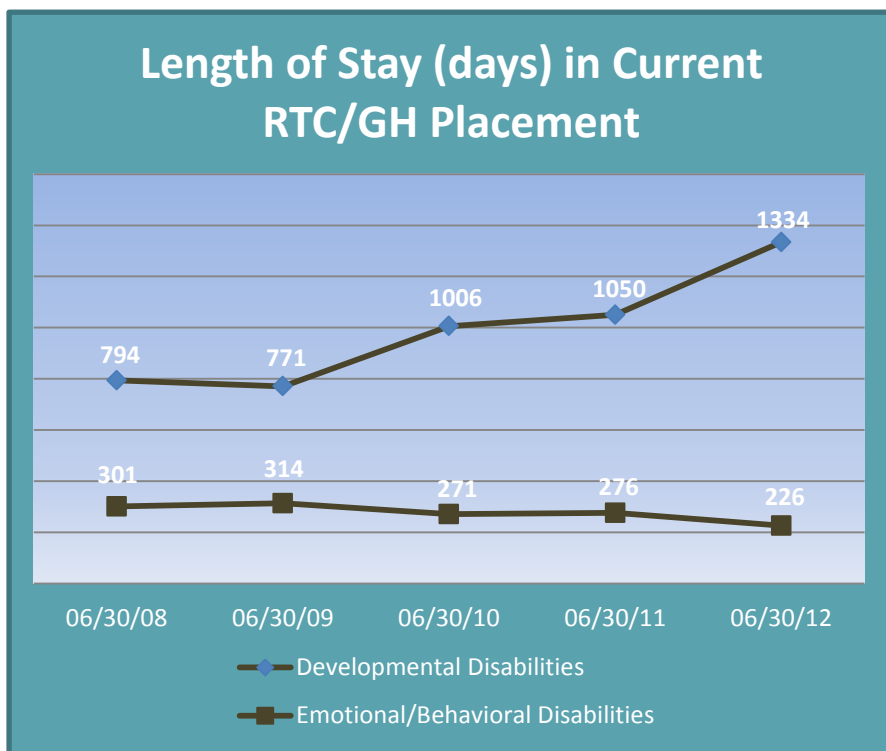
# Restrictiveness of Living Outcomes

**Goal:** Increase in percentage of children participating in CSA who live in non-residential settings.

The end-of-the-year point in time counts of the number of youth placed in long-term residential and group home programs have shown a steady decline over the past five fiscal years. A total of 266 youth received residential services in FY12 compared to 269 in FY11. Compared to the total number of youth served by CSA, 78.8% of CSA-funded youth lived in non-residential settings compared to 77.5% in FY11.



**Goal:** Children participating in CSA living in congregate care are returned as quickly as possible to a family setting.



For youth whose primary need for a residential/group home placement is for emotional/behavioral challenges, the average length of stay in the current placement has declined by 18% (50 days) compared to the previous fiscal year.

For youth with developmental disabilities (n=25 as of 6/30/12), the length of stay has increased by 27% (284 days), reflecting gaps in our continuum of care to meet these youth's needs in the community at the present time.

## Intensive Care Coordination supports community-based plans of care

The Intensive Care Coordination (ICC) program, developed by the Community Service Board, began accepting youth in November, 2010 and has the capacity to serve 60 – 65 youth at any given time when fully staffed. In FY 2012, 114 youth received ICC services. The average length of stay in ICC was 187 days.

**Goal:** Percentage of children participating in intensive care coordination who are successfully prevented from entering residential or group-home placement six months and twelve months after initiation of services.

Of the youth who were referred to ICC to prevent residential placement, 51 out of 62 youth (82%) remained in the community 6 months after ICC initiation. 68% remained in the community twelve months after ICC initiation.

**Goal:** Percentage of children participating in intensive care coordination who are successfully returned from residential or group home placement within three months after initiation of services.

For youth referred for ICC services to support the youth in returning to the community from residential placement, 9 out of 18 (50%) returned to the community from residential placement within 3 months of ICC initiation.

### Intensive Care Coordination

Intensive Care Coordination (ICC) is a family-driven, youth-guided, team-based approach to help youths and their families who are at-risk of out-of-home placement. ICC follows guiding principles from the wraparound approach:

- All children need and deserve loving, permanent homes and family connections.
- Safety comes first.
- Parents and families have the right and responsibility to raise their own children.
- Services should be planned in a way that honors and reflects the family's values and preferences.
- Whenever possible, children and youth need to be served in their community.
- If a placement outside the community is necessary, it needs to be as brief as possible. The ICC team will help the family find and develop the supports needed to make sure that the child's return home is safe and successful.

# Functional Outcomes

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## Services provided to youth and their families have resulted in positive functional outcomes

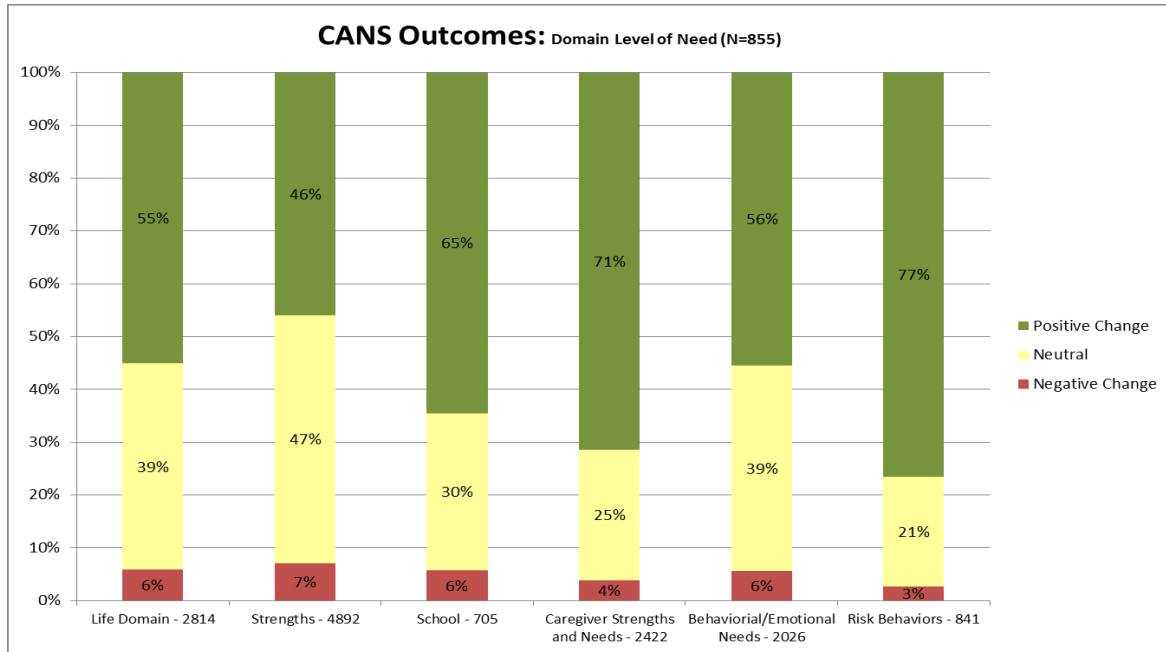
Youth and family functional outcomes were measured using the Child and Adolescent Needs and Strengths (CANS) Assessment tool that was adopted by Virginia as the mandatory uniform assessment for all CSA-funded youth beginning July, 2009. The analysis of youth and family outcomes was conducted by comparing the initial CANS ratings upon entering the CSA system of care to the youth's most recent rating in FY 2012. Of the 1,251 youth served in FY 2012, there were 855 youth who had two CANS assessments that would allow for comparison. Only items with ratings of 2 and 3 (moderate and severe) which are considered the "Actionable" level of need were included in the analysis to determine the percentage of youth where the target behavior(s) were rated as improved/better, stayed the same, or were rated as worse. Each chart indicates the prevalence of the need within the youth sampled. Outcomes were calculated at the Domain level which averages the percentages of improvement (positive, neutral, or negative) across the items. Outcomes were also calculated at the item level by domains identified for system of care outcomes.

### CANS Overview

*The Child and Adolescent Needs and Strengths (CANS) assessment is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. Case managers, along with youth, families and other stakeholders, complete the CANS as part of the service planning process and CANS ratings are required at defined intervals by service type throughout the duration of service provision.*

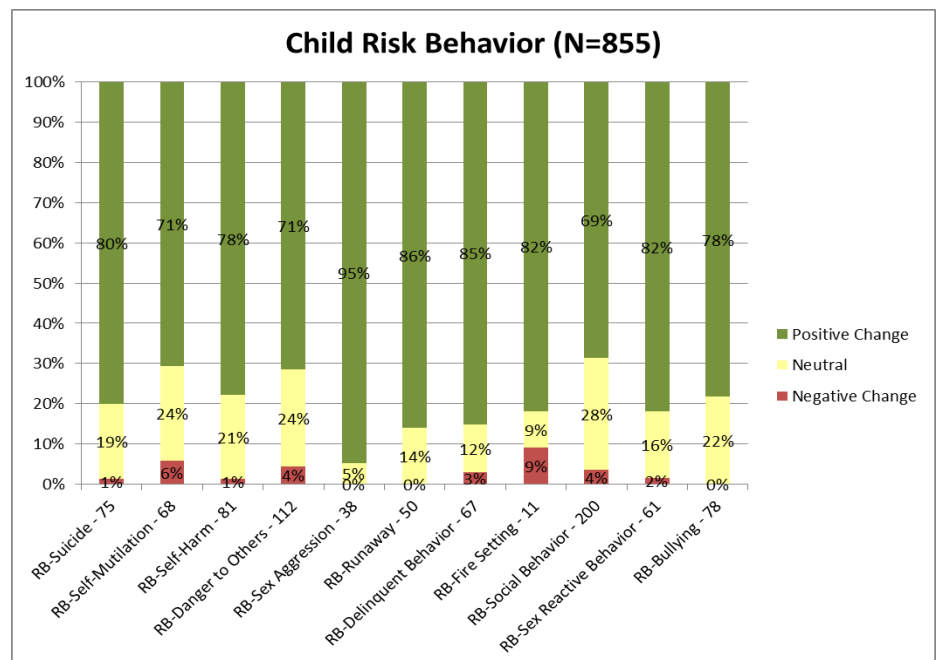
*The CANS contains six domains: Life Domain Functioning, Child Strengths, School, Caregiver Strengths and Needs, Child Behavioral/ Emotional Needs, and Child Risk Behaviors. Each of the items within the domains is rated along a continuum: 0 = No evidence; 1 = Watchful waiting/prevention; 2 = Action; 3 = Immediate/Intensive Action. The Child Strengths Domain is rated: 0 = Centerpiece strength; 1 = Strength useful in planning; 2 = Strength identified but must be developed; 3 = No strength identified. – Praed Foundation*

The Virginia version of the CANS has six domains: Life Functioning, Youth Strengths, School, Caregiver Strengths and Needs, Youth Behavioral/Emotional Needs and Youth Risk Behaviors. The comparison of the initial and most recent CANS indicates that 77% of youth improved on risk behaviors, 71% of the caregivers were rated as improved, and 65% of youth were rated as improved in the school domain. The percentage of positive change was greater on all domains, except for Caregiver which remained the same, in FY 12 compared to FY 11.



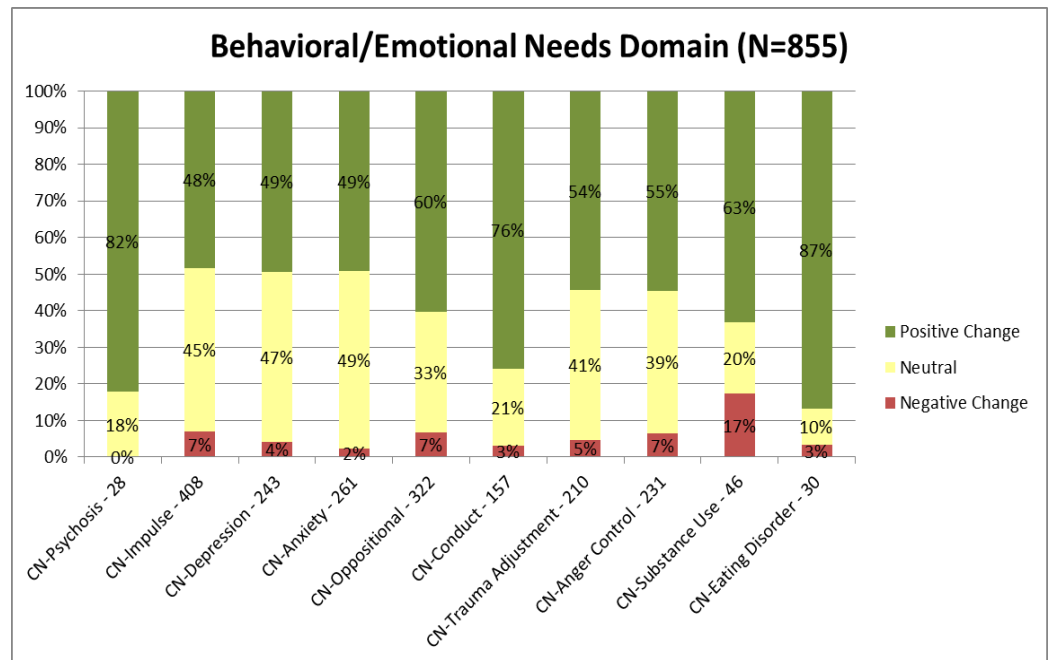
**Goal: Children participating in CSA-funded services will experience a decline in behaviors that place themselves or others at risk**

Ratings of youth risk behaviors showed significant positive change. The most prevalent behaviors were: Social Behavior (i.e., intentional misbehavior), Danger to Others, Bullying and Suicidal ideation. Sexual Aggression, Runaway, Delinquent behavior, and Sexually Reactive behavior showed the highest percentage of improvement.



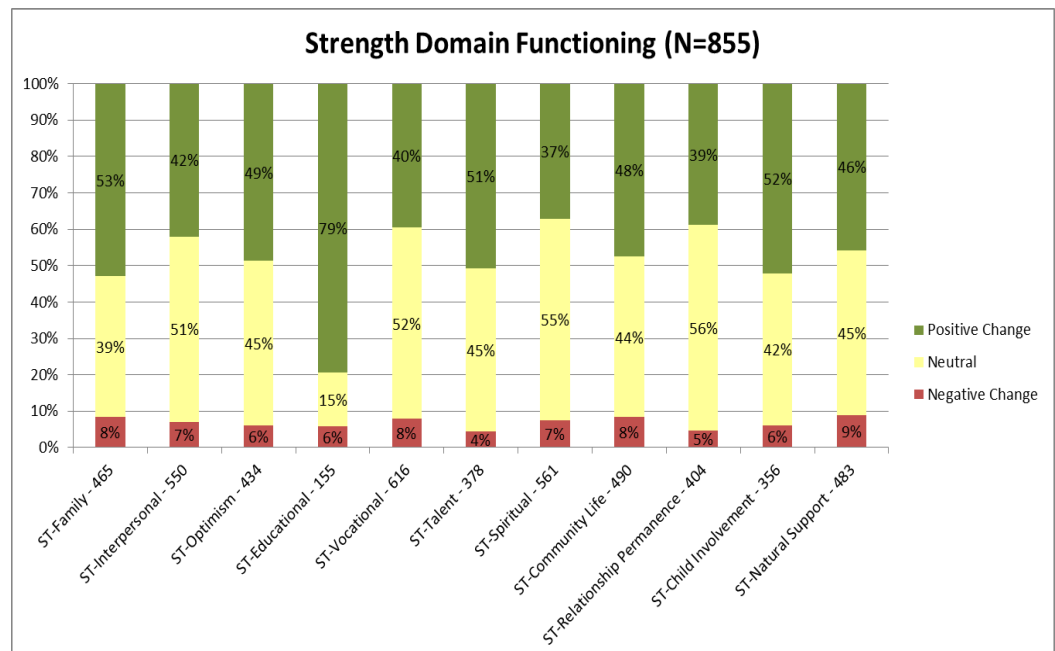
Goal: Children participating in CSA-funded services will experience a decline in behavioral or emotional symptoms that cause severe/dangerous problems.

Impulsivity, Oppositional behavior, Anxiety, Depression, and Anger Control were the most prevalent “Actionable” ratings on this domain. Lower frequency needs such as Psychosis and Eating Disorders had the highest ratings of positive change along with Conduct.

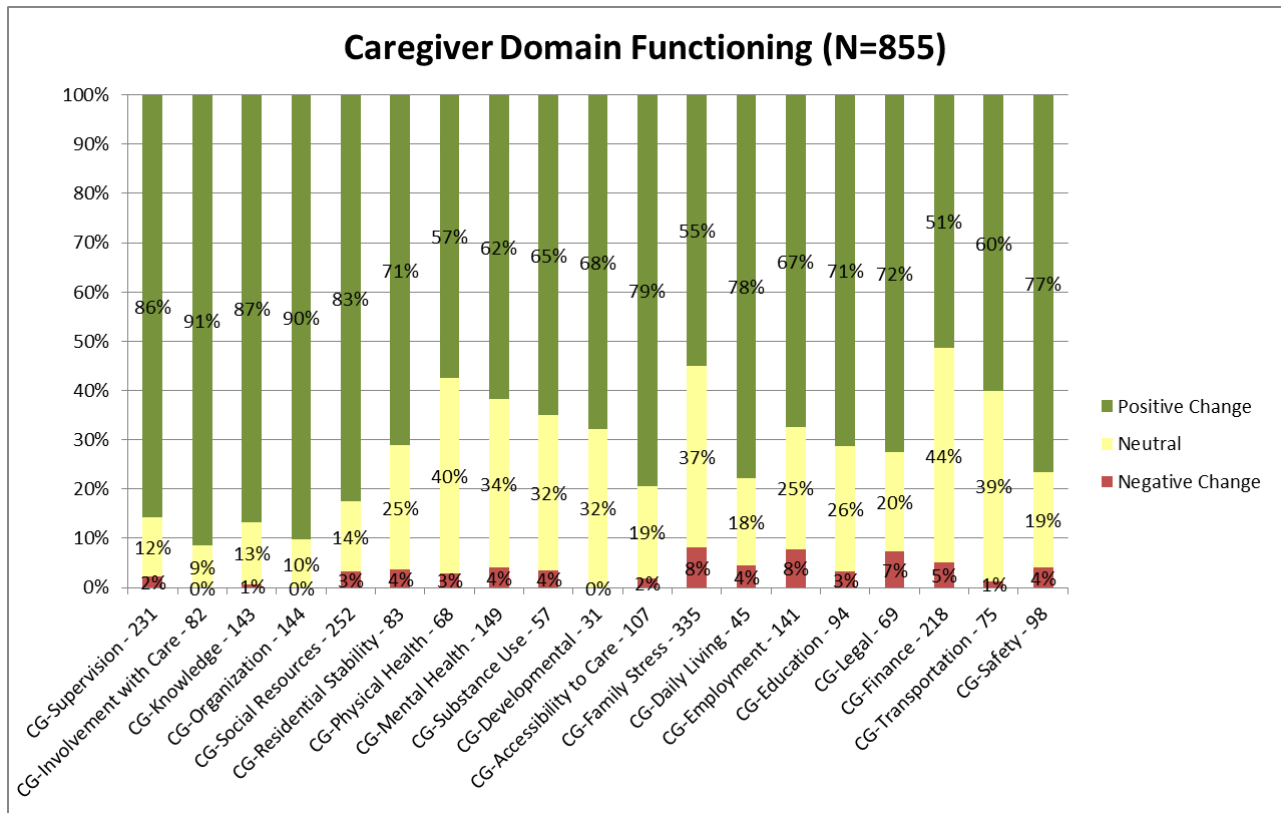


Goal: Children participating in CSA-funded services will experience an increase in identified strengths that are useful in addressing their needs and developing resiliency.

The most prevalent “Actionable” strengths were Vocational, Spiritual, Interpersonal, Natural Supports, and Family. Educational strengths showed the most positive change over time. The strengths domain suggests that our service delivery system is less focused on strengths building for youth, given that many items remain Neutral or no change in the ratings over time with services.



Goal: Needs and issues of parents/caregivers of children participating in CSA-funded services that negatively impact their care-giving capacity will be reduced.



The planned permanent caregiver is rated on the CANS. The Caregiver domain showed that overall services are helpful in improving the functioning of the caregiver. The most prevalent “Actionable” needs on the initial CANS rating were Family Stress, Social Resources, Supervision, and Financial. The percentage of ratings that showed positive change ranged from 91% for Involvement with Care, to 51% for Financial needs.

# Permanency Outcomes

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## Goal: Prevent unnecessary entry into foster care

- Percentage of children receiving CSA-funded services through the foster care prevention mandate who are successfully prevented from entering foster care.
  - 371 of 432 youth (86%) of the youth who received services under the CSA foster care prevention mandate remained in a family setting
- Percentage of children with families participating in CSA-funded family partnership meetings through the foster care prevention mandate who are successfully prevented from entering foster care after the family partnership meeting.
  - 124 of 147 children (84%) who received a family partnership meeting under the CSA foster care prevention mandate remained in a family setting

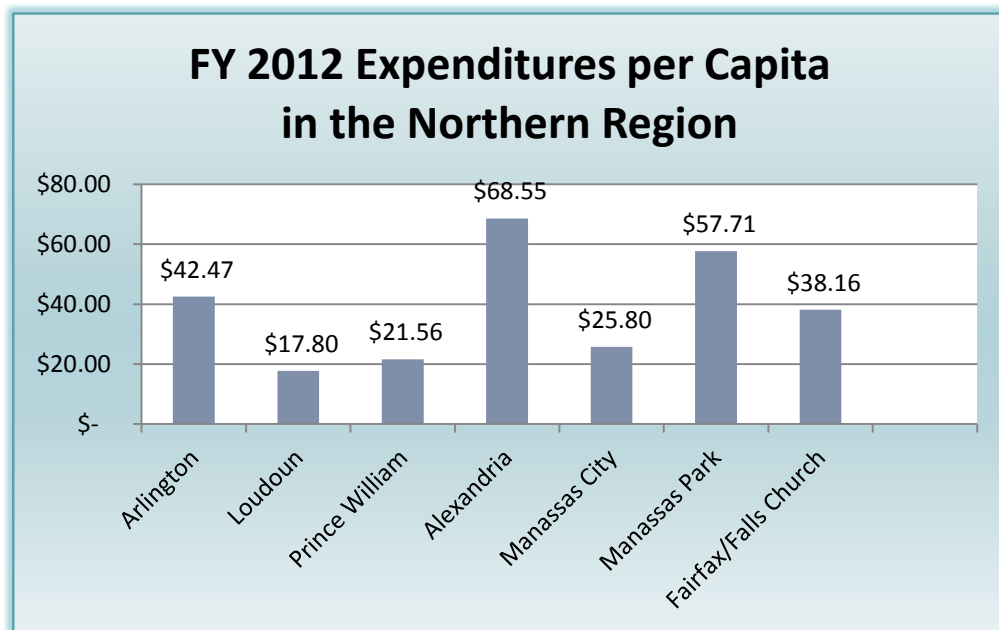
The Department of Family Services Children, Youth and Families (CYF) Division began the Family Partnership Program on July 1, 2010. This program reflects the extensive work by state and local child welfare representatives for over two years to modify practice to more effectively support and strengthen permanent family connections for children and families. The decision to launch this new program significantly increased the capacity of DFS to partner and support families in their efforts to care for their children, thus reducing out-of-home placements and increasing relative and community placement.

In FY 12, the Fairfax-Falls Church CPMT approved a team-based planning approach as best practice for serving youth with significant behavioral or emotional challenges which are present in several settings such as home, school or in the community and requires services/resources that necessitate collaboration among multiple agencies/systems and/or coordinated interventions by multiple agencies. The Family Partnership Program began offering Family Partnership Meetings on July 1, 2012 to Fairfax County Human Services Systems of Care Agencies: Fairfax County Public Schools, Falls Church City Schools, Juvenile and Domestic Relations Court Probation and Parole and Community Services Board.

# Fiscal Accountability

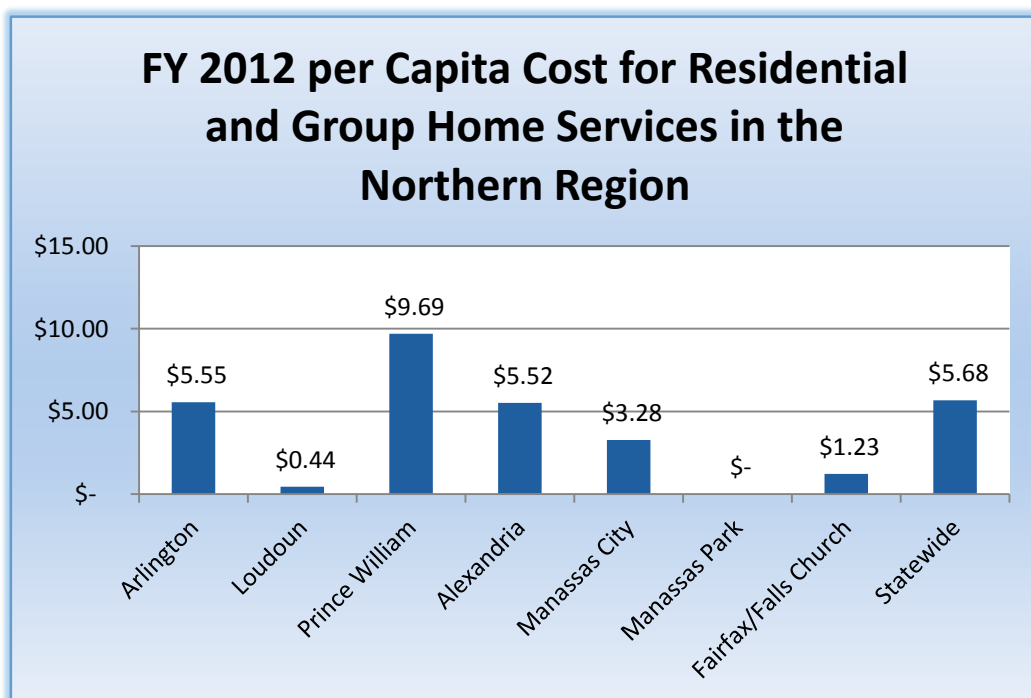
Goal: Fairfax-Falls Church per capita CSA expenditures are equivalent, or less, than those of surrounding jurisdictions.

The per capita cost for overall CSA expenditures was compared to surrounding jurisdictions. For every resident, \$38.16 is spent in CSA funding. The per capita CSA cost for Fairfax-Falls Church was within the range of costs for this region.



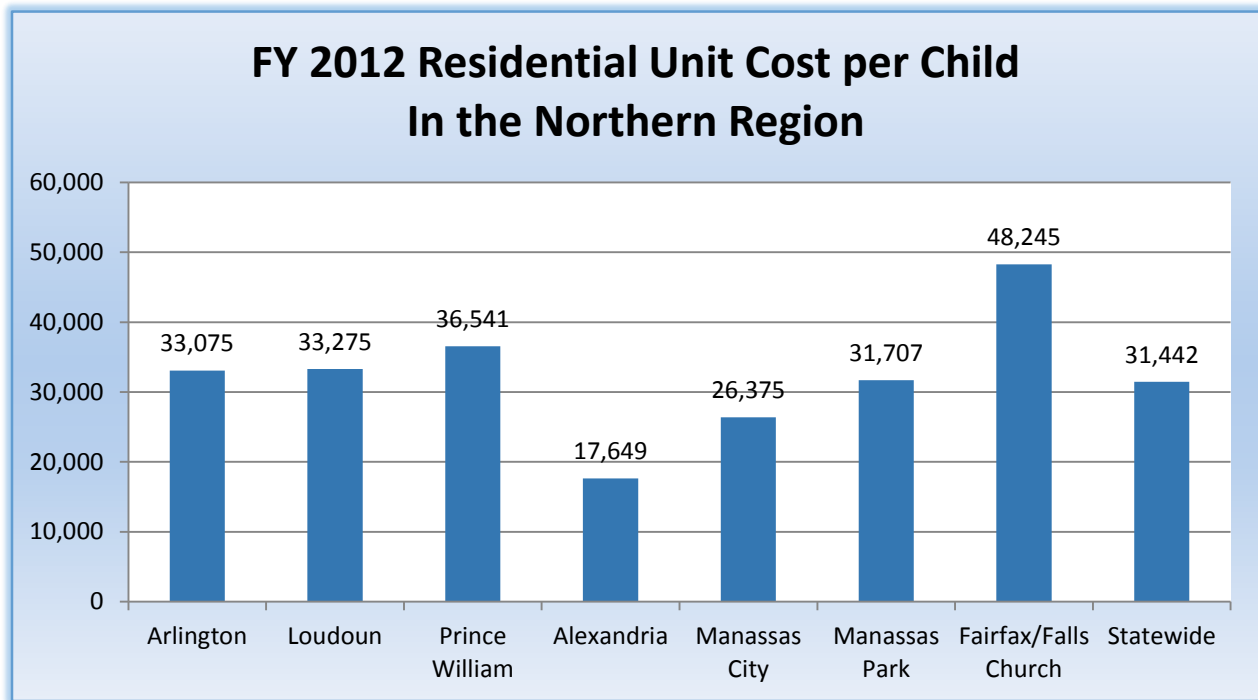
Goal: Fairfax-Falls Church per capita expenditures for residential/group home services are equivalent, or less, than those of surrounding jurisdictions.

The per capita cost for residential and group home services is calculated by distributing the cost for those services across the total population of the jurisdiction. The per capita cost in Fairfax-Falls Church of \$1.23 compares favorably to other jurisdictions in the Northern region.



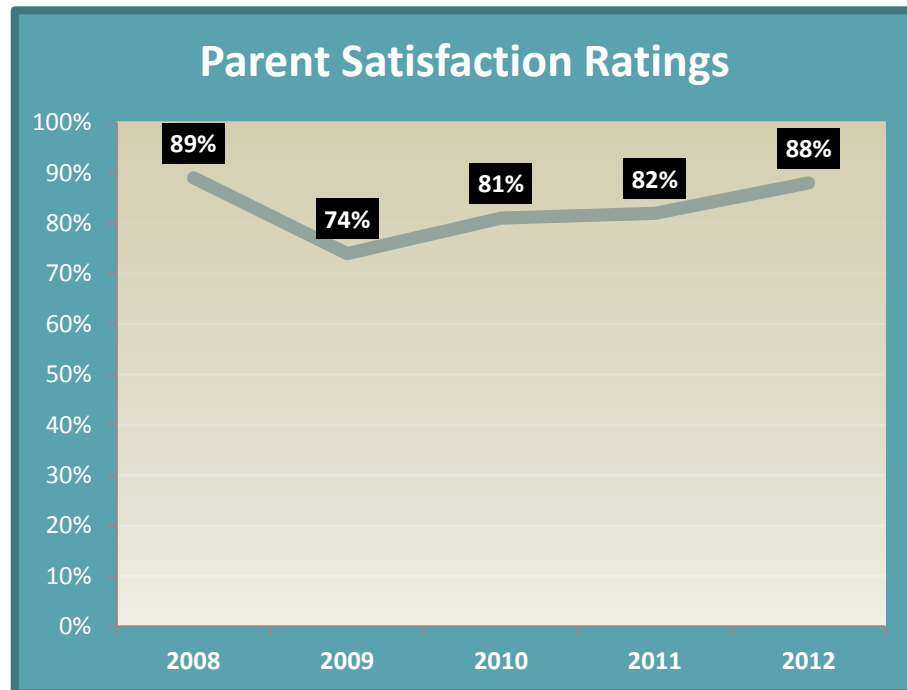
Goal: Fairfax-Falls Church annual per-child cost of residential/group home services is equivalent, or less, than for surrounding jurisdiction.

The per child unit cost for residential services is higher for Fairfax-Falls Church than surrounding jurisdictions and also the statewide unit cost.



## Parents are generally “Satisfied” with CSA-funded services

At the end of each fiscal year, parents of youth who have received services under the Foster Care Prevention, Special Education, and Non-mandated funding categories receive a survey asking them to rate their satisfaction with CSA services. Families involved with DFS through Child Protective Services and Foster Care and Adoptions are not included in the survey due to the sometimes involuntary nature of their service plans. The survey solicits family feedback about the perceived helpfulness of services, their participation in the planning process, respect shown to families by staff, and the perceived quality of services provided. The satisfaction ratings are calculated by averaging each person’s response, then the number of Positive Response (3.0 or better) is divided by Total Responses for an Overall Rate of Positive Response. In the past three fiscal years, an average of 500 surveys has been sent out to families, and the average response rate has been 17%. FY12 surveys yielded an overall “satisfied” rating of 88% with respondents.



## The CSA System of Care Development Plan

The CPMT has adopted an FY 2013 Action Plan that outlines the on-going work necessary to build and sustain a system of care.

Deliverable	Target Date
Establish FY 2013 CSA outcome targets	September ✓
Plan for ICC expansion	September ✓
Implement new team-based planning process	October ✓
Plan to implement new evidence-based practices	November ✓
Develop CSA SOC master and annual training plan	December ✓
Update CSA Infoweb site	December ✓
Annual service gap analysis	February ✓
FY 2012 Annual Report	March ✓
Implement ongoing Quality Assurance plan	March
Update CSA Management Team charter and composition	April
Support the formation of a family organization	April
Revise contracting process	April
Update CSA Parent Handbook	April
Enhance utilization review and FAPT review processes	September

# Fairfax-Falls Church

## Community Policy and Management Team

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***Patricia Harrison (Chair)***

Deputy County Executive

***Gloria Addo-Ayensu, M.D.***  
Director, Health Department

***Staci Jones Alexander***  
Parent Representative

***Louise H. Armitage***  
Human Services Coordinator  
City of Fairfax

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Department of Family Services

***George Braunstein,***  
Executive Director  
Fairfax-Falls Church Community  
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***Nancy Vincent***  
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Services, Department of  
Community Services

***Kim Dockery,***  
Asst. Superintendent  
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Parent Representative

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***Rick Leichtweis, Ph.D.***  
Senior Director, Inova Kellar Center  
Private Provider/NOVACO  
Representative

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***Irene M. Moore***  
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Prevention Services, Fairfax County  
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***Sandy Porteous,***  
Phillips Family Partners  
Private Provider/NOVACO  
Representative



**COMPREHENSIVE SERVICES ACT FOR AT-RISK YOUTH AND FAMILIES**

Fairfax- Falls Church Human Services  
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Fairfax, VA 22035-1102  
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Fax: (703) 653-1369; TTY: 222-9452

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CSA Program Manager

## *Fairfax-Falls Church System of Care*



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*City of Fairfax,  
Virginia*

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